

## **FLOW RECORD INSTRUCTIONS**

### **Direct Support Professionals (DSP)**

#### **Vitals**

Record Monthly/Daily on Flow Record.

Use Vital Sign Record or Daily Note if any vital signs are taken more frequently than daily.

#### **Meals**

Record % of Meals/Snacks eaten and fluid intake.

#### **G.I.**

BM (Bowel Movement)

Use Bristol Stool Formation Scale or

Utilize following codes:

I- soft

M- medium

II- hard

L- large

X- liquid

XL- extra large

Days without BM

Last Void/Urination (time)

Vomitus – Y for yes; N for no

#### **Skin**

Redness, Abrasion/Scratch, Bruise or open area – Document location on Flow Record using Body Part Abbreviation found at bottom of tracking sheet.

Size, location and appearance documented daily in Daily Notes until resolved

#### **Oral Care**

Suction Tooth-brushing – Check mark for completion

Oral Swab – Check mark for completion

Tooth-brush – Check mark for completion

#### **Triggers**

If none, put dash (-) in space

N-non corrected; if non-corrected trigger occurs more than once, also put number (ie., N4)

C-corrected

### **Supervisor/House Manager**

Must initial each Flow Record after review of data. Do appropriate follow-up as indicated.

Outreach Services of Indiana

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